Before the

Federal Communications Commission
Washington, DC 20554

In the Matter of Rural Health Care	)	
Support Mechanism	)	WC Docket No. 02-60
	)	
	)	

COMMENTS

The Pan-Pacific Education and Communication Experiments by Satellite (PEACESAT) submits its comments in response to Rural Health Care Support Mechanism. The comments are made in accordance with the Commission's April 19, 2002 *Public Notice* and are specific to the following Sections III.C.2 Urban Area, III.C.4 Insular Areas, and III.D.3.c Encouraging Partnerships with Clinics at Schools and Libraries.

The PEACESAT program works with health care providers (HCPs), schools, and institutions of higher education to develop public service telecommunication capabilities in rural and underserved areas in the Pacific Islands. PEACESAT partners with these organizations in the areas of distance learning, telehealth, telemedicine, and economic development. The Universal Services Program support mechanism under the Schools and Libraries Division (SLD) has significantly contributed to the improvement of access to telecommunication services in American Samoa and Guam, and the Commonwealth of the Northern Mariana Islands[1] (CNMI).

[1] The territories of American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands, benefit from the "Education Rate" (E-Rate) program. The discounts levels are 90%, 78%, and 89% respectively.

However despite contributing to the Universal Services Fund through charges assessed by the carriers, these insular areas have not been able to benefit from the Rural Health Care Program support mechanisms.

Response to Section III.C.2 Urban Area & Section III.C.4 Insular Areas

Using the urban rate within a State is "ill suited" for these insular areas. In American Samoa the entire territory of American Samoa is considered rural, but the island of Tutuila is defined as the "urban" area. With this definition even the island of Aunu'u would be considered urban because it is located less than one mile away from the island of Tutuila. Aunu'u consists of one village with approximately 400 people with a per capital income of $3,125 [2]. Basic infrastructure such as waster water sewage was completed only in the last ten years. Agana is designated as the urban area in Guam and the island of Saipan in the Northern Mariana Islands.

These "urban" designations do not reflect the Universal Service Order's definition of "urban." First, the FCC designation of urban includes a city with a population of at least 50,000. None of these designations have a population of up to 50,000. Second, there are no specialized health care services or advanced medical facilities in these designated areas.

The result is that HCPs in these jurisdictions have not submitted applications to the Rural Health Care Division (RHCD), despite the great need of HCPs in these areas. The reason is clear - there would be virtually no benefit to do so.

PEACESAT strongly argues that the Commission has authority under section 254(h)(2)(A) to redefine the "urban" designation in these special situations related to

[2] *Source:* U.S. Census Bureau, *Census 2000 Data for American Samoa*, 2000, at http://www.census.gov/Press-Release/www/2002/AMSAMFULLPROFILE.xls

completely rural insular areas in order to fulfill the goals and mandate of section 254, particularly to provide a mechanism for rural HCPs access to affordable telecommunication services. Specifically, PEACESAT urges the FCC to designate the urban area for these insular areas to be Honolulu, Hawaii, the closest urban area with a medical school and advanced medical facilities. In these completely rural insular areas the FCC has the authority to designate an out-of 'state' urban location in order to define the urban benchmark of these insular areas. Without this designation section 254 does not serve these insular areas, including the Virgin Islands, whom are contributing to the Universal Service Fund and to date have not received any support from the Rural Health Care program.

The Pacific insular areas are in desperate need for continuing medical, nursing, and public health education, telemedicine consultations, and medical referral services. There are telehealth networks, telemedicine services, basic and continuing medical education and other public health programs in place that would be able to support the needs of these insular areas if the urban designation were to be redefined. The PEACESAT and State Telehealth Access Network (STAN), for example, interconnects over 21 hospitals in Hawaii, as well as the University of Hawaii (UH) School of Medicine and Schools of Nursing. Through satellite downlinks, STAN distributes broadcast satellite programs to its members through a video teleconferencing bridge. Additionally, through ISDN, PEACESAT and STAN are able to interconnect many HCPs with academic, professional education and training programs throughout the world. This is important to the insular areas such as CNMI and American Samoa that do not support off-island ISDN today. The Pacific insular areas would benefit from all of these services.

The hospitals on the islands of Kauai, Maui, Hawaii, and Lanai have been able to apply for rural health care funding support based on the definition of Honolulu as the urban

area. The funding enables these HCPs not only to participate in telemedicine and share clinical information systems, but also provide distance learning programs through the UH, and grand rounds from the UH School of Medicine. STAN also interfaces with the Veterans Administration Medical and Regional Office Center (VAMROC-Honolulu). The clinics of the outlying islands are also beneficiaries of the rural health care program.

It should further be noted that the Department of Veterans Administration's (VA) Community Based Outpatient Clinic (CBOC) in Guam and proposed VA Telemedicine Center in American Samoa would also benefit from the redefinition of the urban area for the Pacific insular areas to be Hawaii. The CBOCs located on the islands of Kauai, Maui, and Hawaii are interconnected to the VA Medical and Regional Office Center in Honolulu (VAMROC Honolulu) with funding assistance from the RHCD. The VAMROC and its rural CBOCs were the first in the nation to participate in the program and has been able to expand its services to veterans through telehealth and telemedicine applications and programs. Unfortunately, due to the cost of telecommunication services, the VA CBOC in Guam is not connected to the VAMROC-Honolulu or to the STAN and is unable to participate in the telemedicine, distance learning, or the continuing medical and nursing education programs due to the high cost of telecommunications. The designation of the urban area for Guam and

[3] *See* Governor of Gum universal service comments at paras. 2 and 13

[4] *See,* CC Docket No. 96-45, *Reply Comments of the Commonwealth of the Northern Mariana Islands,* January 19, 2000, at para. 2.

[5] *See* letter to the FCC sent by Senator Conrad Burns (Montana) and Congressman Eni F. H. Faleomavaega (American Samoa), September 21, 1999. Letter to the FCC by Congressman Neil Abercrombie (Hawaii), Congresswoman Patsy T. Mink (Hawaii), Congressman Eni F. H. Faleomavaega and Congressman Robert A. Underwood (Guam), July 24, 2001. Letter to the FCC sent by Senator Daniel K. Inouye (Hawaii), September 18, 2001.

[6] *See* Resolution of the Pacific Island Health Officers Association, *Regarding the Applicability of the Telecommunications Act of 1996 to the Public Island Region,* filed February 19, 2000.

American Samoa to Honolulu, Hawaii would increase the accessibility and cost-effectiveness of services to the veteran populations in the Pacific insular areas.

PEACESAT notes that the governments of Guam[7] and the Commonwealth of the Northern Mariana Islands[8], Members of the U.S. Congress[9], the American Samoa Telecommunications Authority (ASTCA), the Pacific Island Health Officers Association[10], and other HCPs have urged the FCC to adopt such a definition in response to FCC Docket 99-45. The docket raised important issues related to universal service support in the insular areas. Unfortunately, there has been no action related to the Pacific insular areas since the docket closed in January 2000. It may be worth noting that there were no negative comments on the proposal to designate the "urban" area, as initially proposed by the Governor of Guam, to be Hawaii or California.

III.D.3.c Encouraging Partnerships with Clinics at Schools and Libraries

PEACESAT supports the FCC's encouragement of partnerships between RHCD and SLD benefactors and specifically clinics at schools and libraries. PEACESAT encourages the FCC to further consider the opportunity to extend benefits of both programs by allowing shared use of network infrastructure. In the Pacific Islands, as in most rural areas, resources are limited and multipurpose networks are essential to avoid waste.

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[7] *See* Governor of Gum universal service comments at paras. 2 and 13

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The E-Rate and RHCD programs fund both different and overlapping services. Focus might be placed in the area of overlapping services such as dedicated digital telecommunication services (e.g., T1-DS3) provided by a carrier or Internet access to an E-Rate school or library. It would be very beneficial if the rural HCPs and schools and libraries could share telecommunication services and Internet access.

The FCC could encourage this shared access by enabling a rural HCP interconnection to an E-Rate site for shared use of digital telecommunication services or Internet access as defined under Schools and Libraries program. Parameters of limitation must be defined, for example, the HCP should be limited to a health care clinic and/or hospital within the same district of a school or library that qualifies at a high level of E-Rate support (e.g., 80% and above) or one within "X" miles of an eligible school qualifying for an 80% or above discount. This would enable and encourage shared usage by disadvantaged rural health care entities without the burden of dealing with delays and/or complicating formulas and/or applications. The last mile cost for the interconnection between a HCP and a school or library could be defined as the responsibility of a HCP. Alternatively a formula could be established to provide an overall allocation of shared costs between the Rural Health Care and Schools and Libraries Program.

In the scenario of shared networks, another variation may be achieved by defining a hospital or clinic as an eligible entity equivalent to a school, school district, or library. By including a HCP as a school and/or library, HCPs would be able to share E-Rate networks. The calculations for use of the shared capacity can be relatively straight-forward and the eligibility can be determined by the RHCD through a process similar to the certification process already established under the Schools and Libraries Program. Last mile links between a HCP and school and library might also be considered eligible under the benchmark

cost for the service in the urban area. However, even if the last mile interconnections between an HCP and school or library were deemed an ineligible cost, the HCPs would benefit in the Pacific insular areas since the schools applied under a district approach and are located close to the hospitals and clinics. The RHCD could reimburse the SLD for its pro-rata share of the capacity used based on a number of formulas that could be adopted.

Irrespective of the means, encouraging and enabling capacity sharing would result in a more cost-effective network and increase benefits. The HCP and school would share capacity rather than contracting for separate network services, this would also encourage sharing of other resources. Whatever means is established, the FCC should create a simple and easily administered program formula for reconciling the shared E-Rate and RHCD funding support for dedicated telecommunication services and Internet access.

The FCC might further require the RHCD and SLD Divisions to work closely to review and expedite these shared requests since the delays in processing applications is both a problem for applicants and service providers in both programs. Incentives such as increased discount levels or streamlined application processes for applicants that provide documentation and evidence of multipurpose, efficient and effective network use would encourage shared networks and applications.

Respectfully submitted,

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